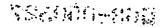
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICA Primary Registration District No. 20 75 Registrar's No. 20 9 Registration District No. 340 DO NOT WRITE AMENDED ON THIS STUB FILED DEC 2 4 1963 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE Missourib. COUNTY Stoddard Stoddard VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits OR TOWN Yes 🛂 No 🛚 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm 10.35 HOSPITAL OR **ADDRESS** Residence 112 East McCollum INSTITUTION Yes 🔀 No 🗌 Yes □ No DC 1035 Middle NAME OF DECEASED DATE Day Year (Type or print) 1963 ennie need DEATH Dec. 9. AGE (last birthday) | IF UNDER 1 YEAR 5. SEX A COLOR OR RACE 7. Married 1 Never Married □ 8. DATE OF BIRTH IF UNDER 24 HR -2-1899 **∕⊘**nths Widowed □ Divorced | Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most, of working life, even if retired) Stoddard County, Mo. U. S. f House-keeper MOTIO: 13b. MOTHER'S MAIDEN NAME Viola Marie Arrold Millard (reed Alexander Treat 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)! (If yes, give war or dates of servi Milland Caced no 18. CAUSE OF DEATH (Enter only one cause per line rout PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMEN ueers IMMEDIATE CAUSE (a) INSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO | Month, Day, Year 20c. TIME OF TYPEWRITER RIBBON INJURY a.m. p.m COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e, PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK | READ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS ပြ Dexter, Missouri AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, Š REMOVAL (Specify) Dexter,/Missour Old Bethel DATE/RECD. BY LOCAL REG. ADDRESS 24. FUNERAL DIRECTOR Dexter. Mo. Rainey Funeral Home

(Licensed Embalmer's Statement on Reverse Side)



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STATEMENT BY LICENSED EMBALMER

I here	by certify that the body whose name i	recorded on the reverse side of this certificate was embalmed by me,	<u>.</u>
or by		, Student Embalmer No	-
working unde	r my personal supervision.		
Student	Signature of Student Embalmer	Signed Livelle Kainny	-
	arginists of process Emparite	Licensed Embalmer No. 4983	_
		P. O. Address Deuter, T	Y ż

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation, of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

581.0

P - 15